

TASC

Treatment Accountability for Safer Communities

North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services

The North Carolina TASC Network serves as the bridge between justice and behavioral health care for offenders. By objectively balancing public safety with the need to restore offenders to health and self-sufficiency, and through access to a comprehensive array of targeted services, the TASC Care Management Model reduces recidivism and the burden on the justice and treatment systems by preparing individuals for a healthy and secure reentry into their communities.

**Annual Report
Fiscal Year 2002 - 2003**

NC Division of Mental Health, Developmental

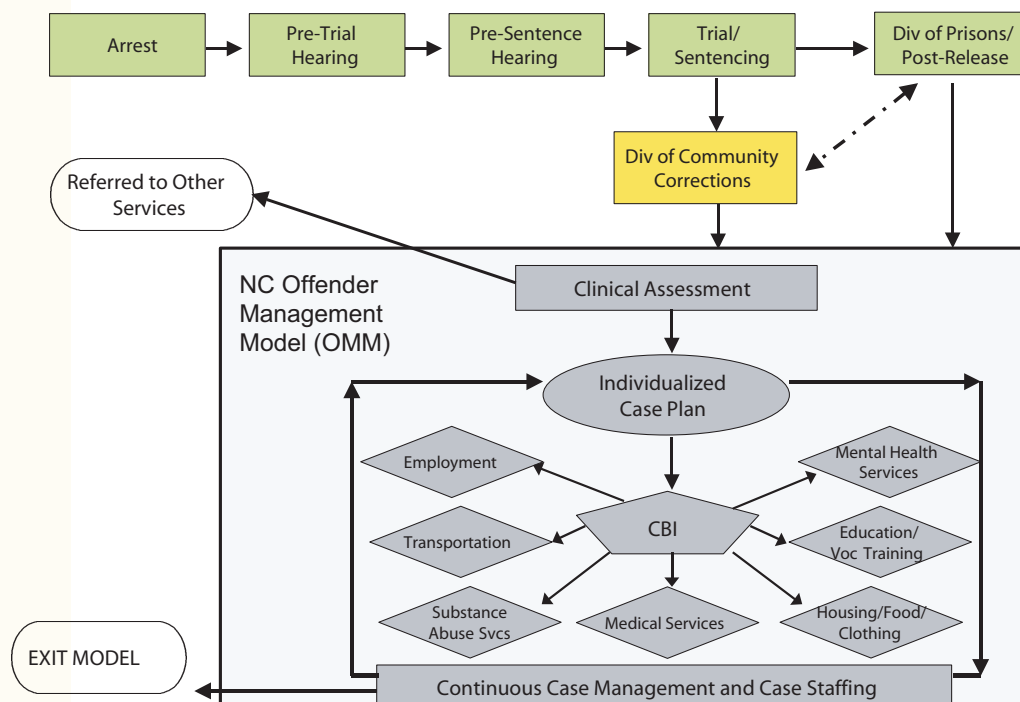
The State Plan: Blueprint for Change details significant changes to the public system for mental health, developmental disabilities and substance abuse services. Access to treatment services for substance-abusing individuals involved in the criminal justice system is critical for healthy individuals, families and communities, as well as public safety. To that end, the State Plan includes a target population for this group. For this target population, TASC is responsible for assessing needs and authorizing person-centered plans.

The Justice Systems Innovations Team was designated by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to address the significant policy interests of adult and child needs regarding mental health, developmental disabilities and substance abuse, as well as multi-system coordination with law enforcement, community and institutional correctional systems. The Justice Systems Innovations Team is a best practice team focusing on matters relative to criminal and juvenile justice systems. This team provides leadership regarding best practices, promising approaches and innovations related to supports, services and treatments for individuals, and improved systems performance

Efforts required to provide this leadership requires the trust and commitment of state agency stakeholders. Justice Systems Innovations will bridge gaps and establish functional collegial relationships that include the development and dissemination of best practice models and promising approaches, as well as the development and management of innovative demonstration projects and programs for justice clients.

Flo Stein, Chief
Community Policy Management

North Carolina Criminal Justice Planning Flow Chart



Disabilities, and Substance Abuse Services

North Carolina's TASC Network provided services to more than nine thousand offenders during fiscal year 2002-2003, an 18% increase from the previous year. During FY02-03 all judicial districts of North Carolina were able to access TASC services. The past year has also been a time for internalizing the guiding principles of the Offender Management Model (OMM). OMM is a commitment between the Division of Community Corrections, TASC and the Criminal Justice Partnership Program to provide treatment and control for high risk/high need offenders under supervision in the community. Utilizing the principles of effective interventions, this partnership promotes consistent matching of treatment and supervision levels for quality offender management. The objectives of OMM are:

- To create a seamless system of care for the provision of services to offenders;
- To clarify roles in providing control and treatment;
- To reduce the rate of revocation for technical and drug violations;
- To combine efforts guaranteeing the effective utilization of limited resources and preventing duplication;
- To provide cognitive behavioral interventions; and
- To ensure all staff are trained to implement OMM.

OMM and the Memorandum of Understanding between the Departments of Health and Human Services and Correction are cornerstones of TASC service delivery.

North Carolina was awarded a grant from the Department of Justice to implement the Serious and Violent Offender ReEntry Initiative: Going Home. This successful application was developed cooperatively between the Departments of Correction, Health and Human Services, and Commerce and the Community College system. The Memorandum of Agreement between these state agencies is used by local clusters as a basis for their memoranda. Planning at the local level began and continues for implementation of the Going Home initiative.

In November 2002, DHHS was awarded a grant from the Robert Wood Johnson Foundation to further support the development of North Carolina's offender care management system through TASC. This grant will support the development of systems for TASC to ensure accountability for service utilization and program and individual outcomes throughout the state.

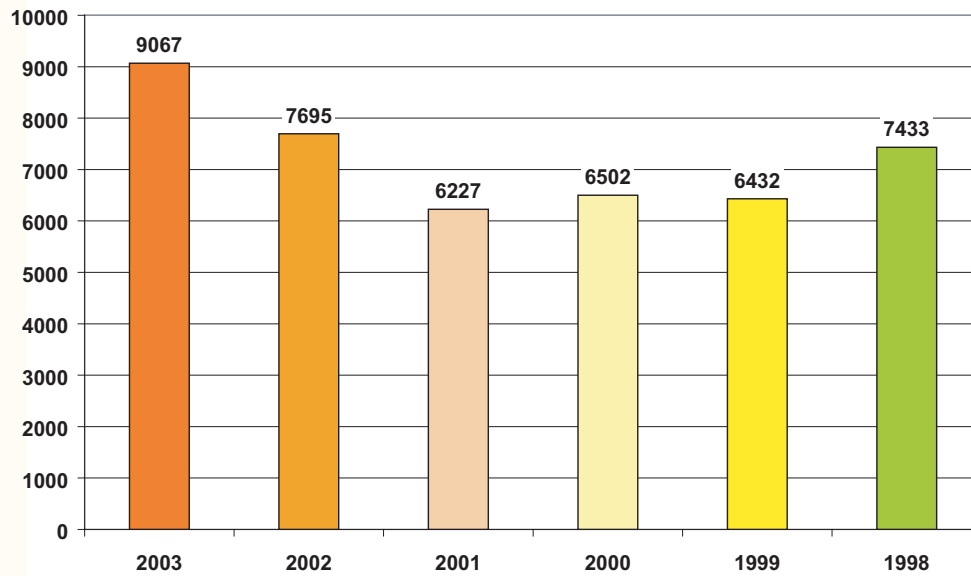


As challenging as change often is, the TASC system in North Carolina has responded positively and continues to plan for the future.

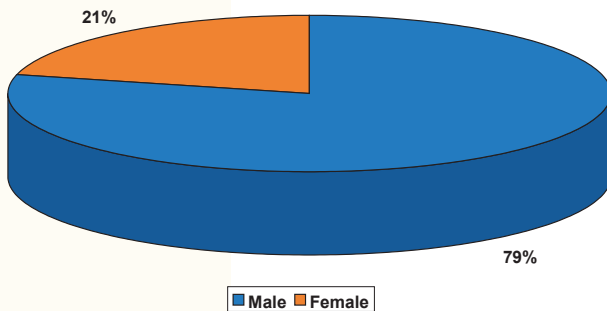
Sonya Brown, Team Leader
Justice Systems Innovations

NC TASC Facts and Figures FY02-03

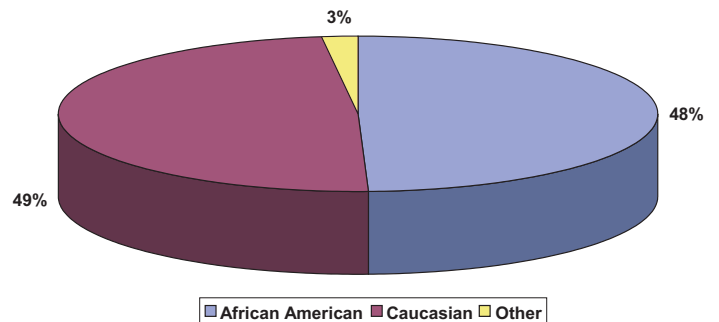
Offenders Served



Offender Gender



Offender Race



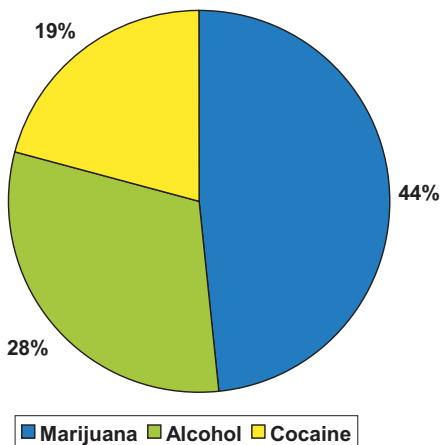
Offender Risk Factors

Less than 26 years old.....	43%
Less than 36 years old.....	71%
Never married.....	65%
Not currently married.....	86%
Felony Convictions.....	51%
Misdemeanor Convictions.....	49%

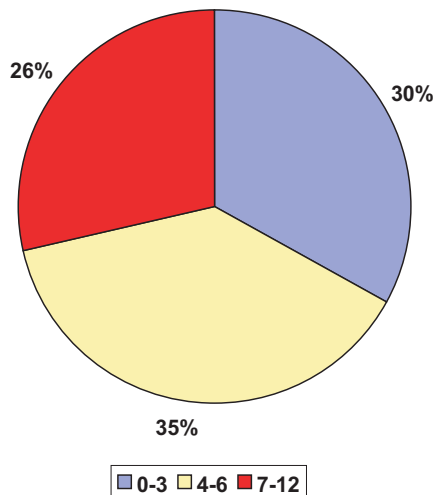
- 54% of offenders did not complete high school
- 36%, 32%, and 24% were unemployed in FY03, FY02, and FY01 respectively.

NC TASC Facts and Figures FY02-03

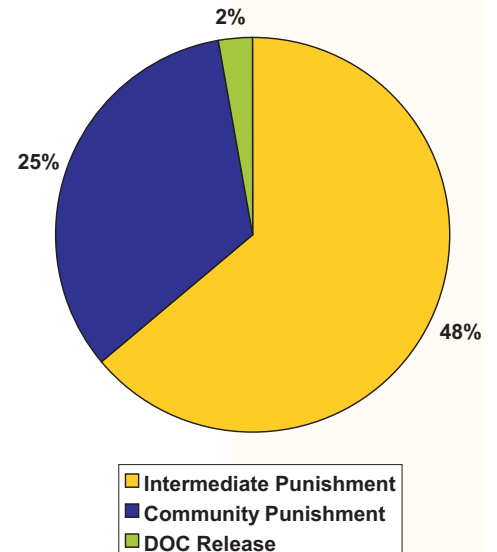
Primary Substance Used



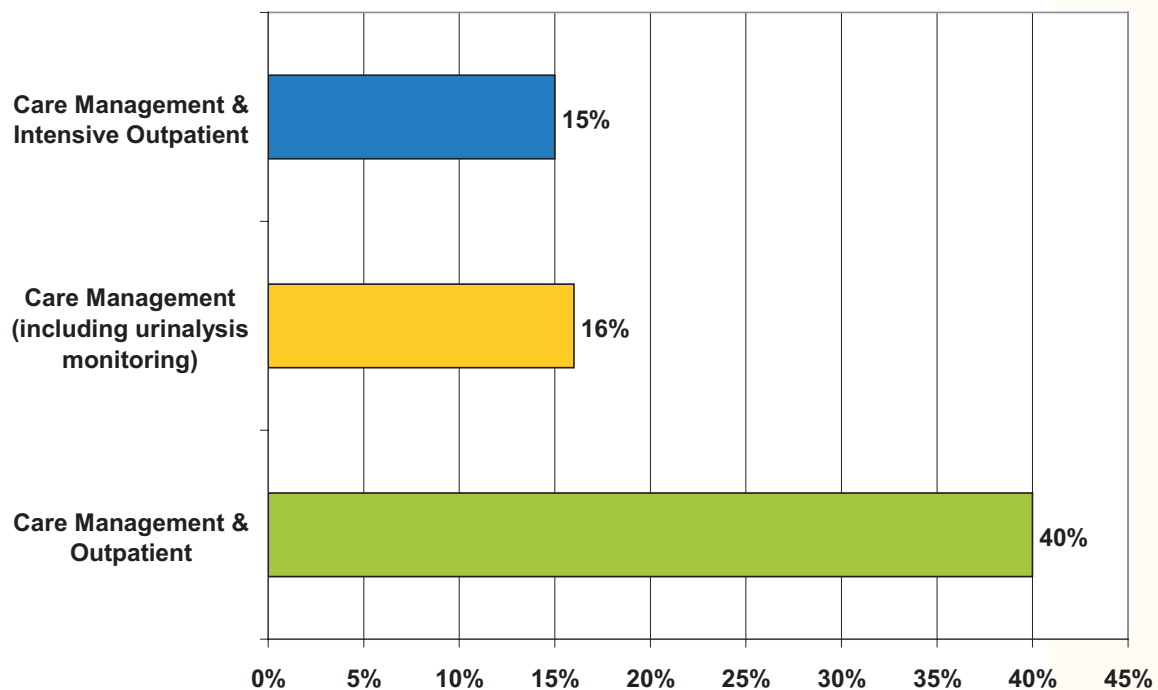
Length of Stay in Months



Priority Populations



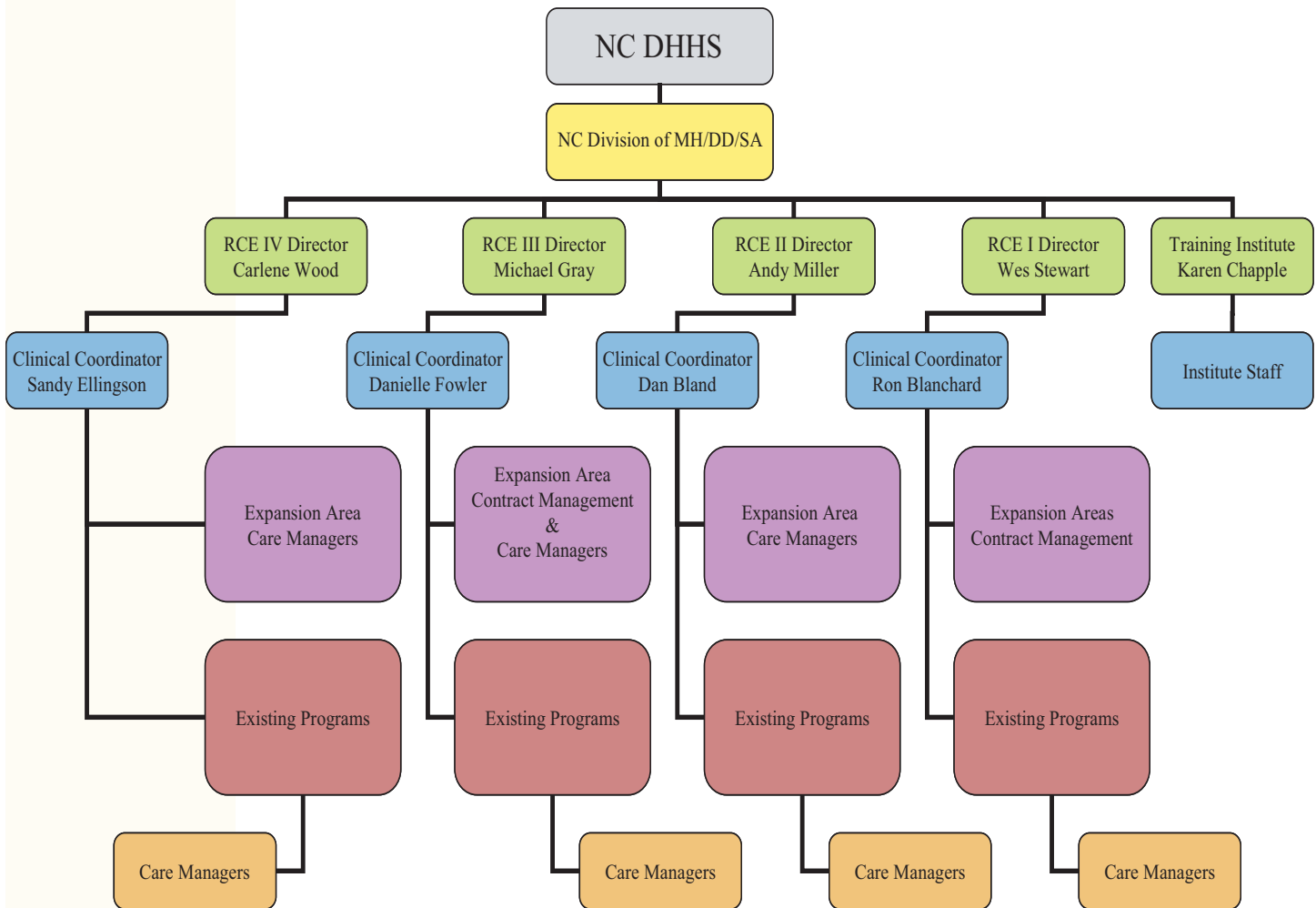
Initial Services Recommended



Referral Source



TASC Structure



TASC operates under the authority of the North Carolina Department of Health & Human Services, Division of Mental Health, Developmental Disabilities & Substance Abuse Services. Each Regional Coordinating Entity (RCE) is overseen by a director, who is assisted by a Regional Clinical Coordinator to insure that the TASC staff adhere to the TASC Standard Operating Procedures, and provide the offender population with professional, appropriate, and effective care management services.

The North Carolina TASC Training Institute of Coastal Horizons Center, Inc. is responsible for curriculum development, training, and certification for all members of the state-wide TASC network.

TASC in North Carolina



The acronym TASC stands for **T**reatment **A**ccountability for **S**afer **C**ommunities. The North Carolina TASC Network serves as a critical link between justice and behavioral health care for offenders. By objectively balancing public safety with the need to restore offenders to health and self-sufficiency, and through access to a comprehensive array of targeted services the TASC care management model reduces recidivism and the burden on the justice and treatment systems by preparing individuals for a healthy and secure re-entry into their communities.

In 1972, the first TASC program opened in Wilmington, Delaware, and today there are over 130 independent TASC programs in 28 states. North Carolina is the only state in the country which has unified its TASC programs under the central administration of the state, ensuring that each program statewide delivers the same array and quality of services.

Structured Sentencing and TASC In North Carolina

Programs maintain close relationships with their local criminal justice system, which refers eligible clients to TASC. Eligible clients are those who demonstrate a need for addiction treatment and/or mental health services and have been charged with or convicted of crimes eligible for intermediate or community punishments. Referrals come from the criminal courts as well

as community corrections. In 1994, North Carolina's Structured Sentencing Act (SSA) established truth-in-sentencing and expanded the community-based services available to drug-involved offenders. Designed to reduce recidivism and increase public safety by properly balancing punishment with rehabilitative options, SSA prioritized violent and career offenders for incarceration while offering judges a wide range of community-based sanctions for offenders remaining in and returning to the community. Among those options is participation in TASC, with serviceable populations prioritized by the intensity of services and supervision required and the likelihood of relapse and recidivism.

A National Perspective

In 1962, the U.S. Supreme Court concluded that addictions is an illness, not a crime, and that states may compel addicts to submit to treatment, and also impose criminal sanctions for non-compliance. In the early 1970s, federal agencies began developing the concept of linking treatment and the judicial process for the specific purpose of interrupting the relationship between addictive behavior and criminal activity. The result was an initiative named Treatment Alternative to Street Crime (TASC).

TASC Regional Coverage Areas



- Region 1 - New Bern
- Region 2 - Fayetteville
- Region 3 - Greensboro
- Region 4 - Asheville
- ★ TASC Training Institute

TASC in North Carolina

The Statewide TASC Service Delivery System

TASC services are available in every county in North Carolina and are organized into four regions that reflect the state's judicial districts and divisions. This structure facilitates communication across court, correctional and treatment systems. Each region is organized and managed via a TASC Regional Coordinating Entity (RCE), a key element of the standardized and integrated statewide network. The TASC RCEs serve as the management infrastructure for the effective delivery of substance abuse and other treatment interventions to the offender populations in each region. They are responsible for ensuring that standardized TASC services, hosted by a network of public and private agencies, are available uniformly throughout their respective regions. They also serve as the administrative and accountability link between the TASC network and the Division. To ensure that TASC staff and programs across the state are equipped to effectively deliver standardized services to eligible populations, the TASC Training Institute was established to provide professional, state-of-the-art training on a wide range of issues related to client and service management.

The North Carolina Offender Management Model

Prompted by a desire to manage the utilization of community resources, DHHS partnered with the Department



OMM represents a framework for doing business, where offenders are assessed, case plans are developed, services are rendered, and progress is monitored interdependently. The overall motto is: "Transition success equals public safety in the community."

of Correction (DOC) to develop the North Carolina Offender Management Model (OMM). This model balances the intervention opportunities provided by DHHS with the controlled supervision of DOC to manage offenders effectively and efficiently. Employing the TASC model and services in concert with the Division of Community Corrections, the OMM presents a systemic method for screening and assessing offenders, matching them to appropriate levels of care, and managing their case plan. Among the objectives of this partnership are:

- Creating a seamless continuum of services to offenders.
- Reducing the rate of technical and drug violations.

- Leveraging resources and preventing duplication of effort.
- Providing comprehensive cognitive behavioral interventions.

Managing Offender Care- A National Model

The North Carolina model for delivering TASC services to offenders is the first of its kind in the country, and replicable nationwide. Even as many states consider systemic approaches to the treatment needs of offenders, North Carolina has implemented a statewide infrastructure to meet those needs. Centralized information management and oversight will allow the state to efficiently leverage resources to ensure that offenders will return to their communities safely. The statewide nature of the TASC Network ensures that offenders across the state will have access to the same quality and types of services.

The TASC Care Management Model



North Carolina's Serious & Violent Offender ReEntry Initiative: Going Home

National Perspective

The Problem: In 2000, 571,000 State prisoners were released into the community after serving time in prison. These offenders were part of a total of 652,199 adults who were under State parole supervision at the end of 2000. The Bureau of Justice Statistics reported that nearly 33% of State prisoners released in 1999 were drug offenders and nearly 25% were violent offenders. In addition, of nearly 300,000 prisoners released in 15 States in 1994, 67.5% were re-arrested within 3 years, and 61.7% of those originally sentenced for a violent crime were re-arrested for a new offense. Furthermore, 70.2% of those in prison for robbery and 70.2% of those in prison for possessing, using, or selling illegal weapons were re-arrested.

The Issues: The key is to prevent offenders from re-engaging in criminal behavior after their release from prison by assisting them in making a successful transition into the community. Getting a job and achieving educational goals, finding a stable place to live, staying off drugs, addressing mental health and family issues, and establishing a positive support network are all integral parts of the successful transition from prison to home.



Offender Facts

Many prisoners cannot read or write;

Most have a history of substance abuse and many have problems with a co-occurring mental illness;

Few would be considered competitive in the current job market or have ever held a job;

Few will have a home to go to when they return to their neighborhoods due to restrictions established by public and private housing providers against adult and juvenile offenders;

Few will be welcomed home by their nuclear or extended family, friends or neighbors since they were often victimized by the offender;

Few offenders will receive an assessment of their physical, emotional or intellectual abilities or an assessment of their problems with substance abuse, child or spousal abuse, employability, educational achievement or special education needs or housing – either in the correctional institution or in the community;

Very few law enforcement systems will track the return of the offender, monitor their involvement in local criminal activity or consistently inform parole or related systems of criminal activity;

Most public and private service systems (i.e., welfare, mental health, employment and special education services) often choose not to serve the offender because of fear, concern that offender demands may exceed their capacity, and/or that staff are not trained to serve the population.

North Carolina's Serious & Violent Offender ReEntry Initiative: Going Home

"This initiative helps provide individuals who have been released from prison the opportunity to become productive citizens and members of society...The reentry programs aid in making sure these individuals will not return to a life of crime."

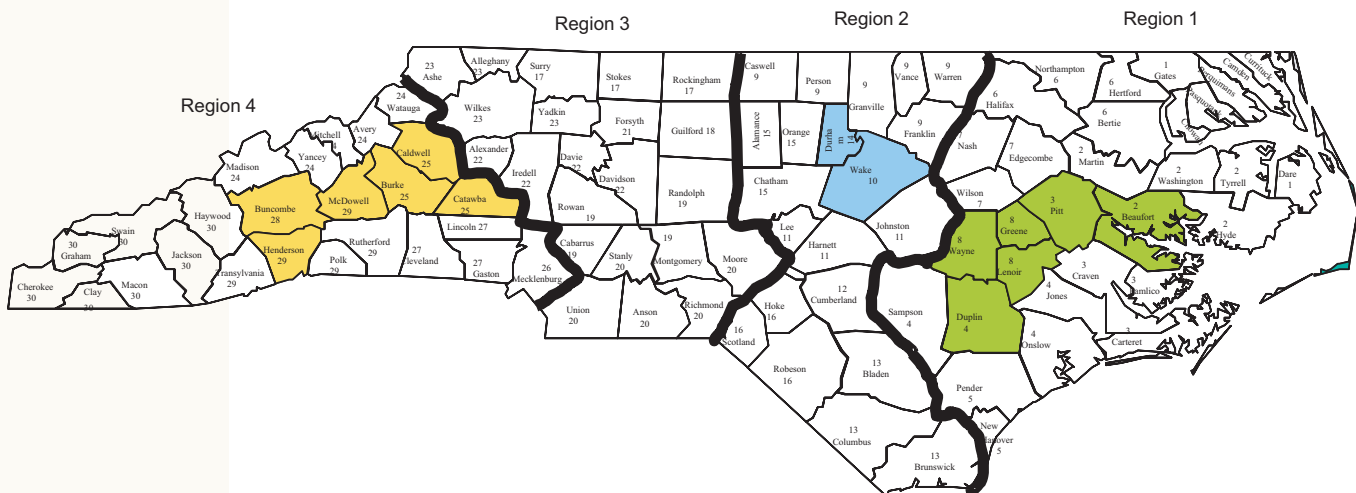
- Attorney General John Ashcroft



The Serious and Violent Offender ReEntry Initiative: Going Home is an unprecedented collaboration among the Departments of Agriculture, Commerce, Education, Health and Human Services, Housing and Urban Development, Justice, Labor, and Veterans Affairs.

The Serious and Violent Offender ReEntry Initiative will build on innovative reentry efforts in states for both juveniles and adults with the goal that these efforts serve as nationwide prototypes. Communities will utilize existing federal, state, and local resources, while grant funds will be used to address additional specific needs. Local efforts will require close coordination among institutional and community corrections, law enforcement, education, job training and placement, and other service providers, including faith and community-based organizations.

North Carolina Going Home Initiative ReEntry Clusters



Upon release, offenders that are between the ages of 18 and 35 and taking part in the Going Home program are returned to the ReEntry cluster counties: Henderson, Buncombe, McDowell, Burke, Caldwell, Catawba, Durham, Wake, Duplin, Wayne, Lenoir, Greene, or Pitt.

North Carolina TASC Training Institute

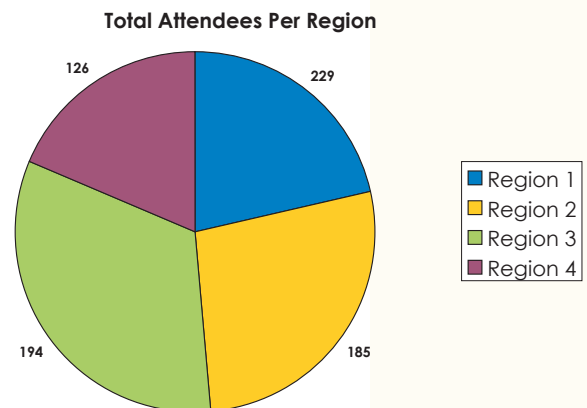
- The TASC Training Institute of Coastal Horizons Center, Inc. provides evidence-based training to TASC staff statewide via regional and virtual learning environments in order to improve the delivery of services to the offender population across the state of North Carolina.
- The Institute provides the TASC Clinical Series for new staff, Drug Education School (DES) instructor training twice a year and continuing education training via conference and distance learning environments.
- Credentialing of TASC staff is also being established by the Institute.
- A statewide web site for the Institute is also maintained.



Accomplishments During FY02-03

- Created a 14-module curriculum during FY02-03 for new staff, which is certified by the North Carolina Substance Abuse Professional Certification Board.
- Established the TASC Training Institute structure with four Regional Training Coordinators, 21 trainers and two Institute staff.
- Created a new web based curriculum for N.C. Drug Education Schools.
- Began creating an eight-module continuing education curriculum for staff.
- Created an interactive web site for TASC staff.
- Institute Director is Chair of the National TASC Conference for 2003.
- 34 trainings were held in four regions of the state.
- 734 staff were trained statewide.
- 28 partners were trained (Criminal Justice Partnership Program, Treatment Providers, Community Corrections staff).

Karen V. Chapple, Director
North Carolina TASC Training Institute
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Region 1 TASC Regional Coordinating Entity

Region 1 has experienced a time of significant growth during the past fiscal year, as a result of TASC expansion an additional 7 counties were funded through the RCE. Additionally, the Region 1 Regional Coordinating Entity's host agency elected to divest the RCE and solicited Request for Proposals in October, 2003 with divestiture occurring January, 2004. This moves the region into a better position of compliance with the TASC Critical Elements and will enable the RCE to be strategically placed for future challenges.



Accomplishments During FY02-03

- Served 2062 offenders within the region;
 - 61% were Intermediate Punishment level offenders
 - 33% were Community Punishment level cases at risk
 - 2% were offenders who had completed a Department of Correction program
 - 3% were other Criminal Justice System referrals
- Collaborated with Region 2 RCE in the development of a comprehensive TASC Audit tool based on the National TASC Critical Elements.
- Implemented computer automation of outcome measures, through the TASC Outcome Project.
- Hired a Regional Clinical Coordinator to assist the director in insuring that the regional TASC agencies adhere to the TASC Standard Operating Procedures, and provide the offender population with professional, appropriate, and effective case management services.
- The Region 1 RCE has worked closely with the N.C. TASC Training Institute to provide required TASC Clinical Series and ASAM training to all Region 1 personnel.
- Region 1 expansion Counties have been able to co-locate 10 of 17 programs in the counties' Division of Community Corrections or Criminal Justice Partnership Program offices as a means of enhancing interagency understanding, communication and coordination of services for offenders, in accordance with the Offender Management Model (OMM).
- TASC RCE increased funding for legislatively mandated care management activities for Drug Court in New Hanover County.
- Performance Contract benchmarks achieved by all Contractees.
- Increased fiscal responsibility for seven additional Counties.

Wes Stewart
Region 1 Director
New Bern, NC
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Region 2 TASC Regional Coordinating Entity

Region 2 has experienced a time of rapid change and growth during the past fiscal year. As a result of TASC expansion and meeting on-going personnel requirements, Region 2 has had the opportunity to employ new staff members who are energetic, dedicated, and able to adapt to evolving roles and needs of Region 2.

Accomplishments During FY02-03

- Hired a regional clinical care coordinator to assist the director in insuring that the regional TASC offices/contract TASC agencies adhere to the TASC Standard Operating Procedures, and provide the offender population with professional, appropriate, and effective case management services.
- Region 2 RCE co-located 8 of the 9 TASC programs in the counties' Division of Community Corrections or Criminal Justice Partnership Program offices as a means of enhancing interagency understanding, communication and coordination of services for offenders, in accordance with the Offender Management Model (OMM). The offices are staffed with motivated, qualified case managers.
- Region 2 RCE contracted with Southlight, the current private non-profit TASC provider in Raleigh, N.C. to hire and locate another TASC case manager in the Wake Co. Day Reporting Center. The RCE also provided technical and support services to the Southlight TASC program.
- The Region 2 RCE worked closely with the N.C. TASC Training Institute to provide required TASC Clinical Series and ASAM training to all Region 2 personnel.
- The Region 2 RCE participated in and provided input/feedback into all intra-regional strategic planning committee meetings with the Division of Community Corrections.
- The Region 2 RCE director worked with the Region 1 RCE director to develop a National TASC Critical Elements standardized audit instrument for statewide use.
- 15 of the 21 Region 2 TASC county offices are pilot sites participating in the development and utilization of the TASC Outcomes Project, an efficient offender demographics, participation, and outcomes data collection program.



Andy Miller
Region 2 Director
Fayetteville, NC
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Region 3 TASC Regional Coordinating Entity

Region 3 is committed to providing effective and quality care to our clients and providers in 22 counties. Partnerships have been established with the Department of Community Corrections, Criminal Justice Partnership Programs, treatment providers, and the judicial system. Region 3 is committed to reducing the re-entry of persons suffering from alcohol and drugs into the criminal justice system through effective and competent care management services.

Accomplishments During FY02-03

- All 22 Counties are operational in Region 3.
- 62% success rate for FY02-03.
- 72% remain drug-free while active in TASC.
- Hired Clinical Care Coordinator to ensure quality care to offenders.
- Trained all Care Managers on the TASC Standard Operating Procedures and Clinical series via the N.C. TASC Training Institute.
- Seven counties co-located with Division of Community Corrections to enhance the Offender Management Model.
- Expansion sites currently operate under the 13 National TASC Critical Elements.
- Established a Memorandum of Agreements with existing TASC Programs, Division of Community Corrections, Criminal Justice Partnership Program and treatment agencies.
- Established a network of licensed treatment providers and other support services in Region 3 Resource Book.
- Participated in the Division of Community Corrections Urban Plan Initiative in two metropolitan areas.
- Provided care management for Drug Court in Forsyth County.
- 18 TASC Programs and all the Directors in Region 3 are members of National TASC.
- Created an Advisory Board with representation from all 22 counties within the region.
- Established monitoring and evaluation practices to measure program effectiveness.
- Developed marketing goals to expand the opportunities for the TASC program.
- Implemented performance outcome measures to gauge satisfaction, efficiency, and success of the TASC program.



Michael E. Gray, CCJS
Region 3 Director
Winston-Salem, NC
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Region 4 TASC Regional Coordinating Entity

During FY02-03, Region 4 TASC expanded services in all 25 counties that are served by the Regional Coordinating Entity. In particular, the challenge of providing services in rural, sparsely populated areas which lack needed treatment programs is being met by forging new collaborative efforts with our stakeholders.

Accomplishments During FY02-03

- Expanded staff, including hiring a new Clinical Coordinator, Sandy Ellingson, to provide professional clinical supervision to care managers and new staff to cover areas with high client demands.
- Enhanced staff training, which included: completion of the TASC SOP and Clinical Series training offered by the N.C. TASC Training Institute; participation in the N.C. Practice Improvement Collaborative effort regarding Motivational Enhancement, designed to develop engagement and retention strategies that will lead to higher offender compliance rates.
- Partnered with DOC and DCC to participate in several collaborative initiatives: the Urban Plan, addressing specialized caseloads; the Going Home Initiative, which addresses the reentry needs of long-term serious and violent offenders; and the Bench Book project, which provides sentencing resources to all judges in the 4th Division.
- Responded to mental health reform and its impact upon criminal justice clients by: assisting Local Management Entities/Area Programs to develop service provider networks and service authorization protocols; absorption of local TASC programs as Area Authorities divest services, thereby insuring continuity of care; and participation in provider forums and other forums as an advocate for services for criminal justice offenders.
- Emphasized the needs of the dually diagnosed through enhanced clinical training and supervision. Robin Cuellar, Buncombe County TASC Director and Region 4 Training Coordinator, was selected by the Governor's Institute for specialized training and trainer's training regarding dual diagnosis issues.
- Participated in local initiatives, such as Drug Treatment Court.



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